

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101796396
FILING DATE

6/18/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/		/		
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49			/			
50			/			
TOTAL IND.			/			
TOTAL DEP.			/			
TOTAL CLAIMS			33			
			34			

BEST AVAILABLE COPY

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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS